

Self-Evaluation Checklist for ADA/Section 504 Policies and Procedures

CRITERIA	Yes	No	COMMENTS
The agency has written ADA/Section 504 policies and procedures in place which address the following areas:			
1. The agency's employment policies, practices, and procedures do not discriminate against qualified persons with disabilities.			
2. The agency does not deny qualified persons with disabilities opportunities to participate as members of their planning or advisory boards.			
3. The agency does not deny qualified persons with disabilities benefits or services solely on the basis of disability.			
4. All agency programs and services are accessible to persons with disabilities.			
5. The agency has designated someone to coordinate the agency's efforts to comply with ADA and Section 504.			
6. If yes, provide name, title and contact info in the Notes column to the right.			
7. In choosing methods to make programs accessible, the agency has given priority to those methods that allow persons with disabilities to participate in programs or activities in the most integrated setting possible.			
8. The agency ensures that different or separate services are not provided unless necessary to provide qualified persons with disabilities with benefits and services that are as effective as those provided to others.			
9. The agency's notice provisions are sufficient to ensure that people with impaired sensory or speaking skills receive information as to the existence and location of services, activities and facilities that are accessible to and usable by persons with disabilities.			
10. The agency provides appropriate auxiliary aids to persons with disabilities to afford them equal access to all programs, activities and services.			
11. This self-evaluation was conducted with the assistance of persons with disabilities or organizations representing persons with disabilities.			
12. The agency has conducted an accessibility self-assessment of each of its facilities using the attached ADA Checklist for Readily Achievable Barrier Removal . If yes, attach completed copy(ies) to this checklist.			

I affirm that the information provided in this checklist is true and correct to the best of my knowledge.	
Printed Name of Agency President/Executive Director:	Signature of Agency President/Executive Director:
Name of Agency:	Date: